

ORIGINAL

AMON, CH.J.

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

CV 13

475

JAMAL MOSELEY  
Full name of plaintiff/prisoner ID#

Plaintiff,

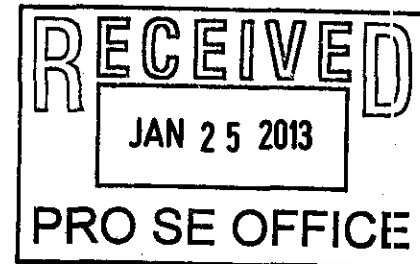
JURY TRIAL DEMAND  
YES 1 NO       

-against-

THE CITY OF NEW YORK  
DETECTIVE ANSLEM LEZAMA  
DOUGLAS MONCAYO  
NATHANIEL RAY

Enter full names of defendants  
[Make sure those listed above are  
identical to those listed in Part III.]

Defendants.



I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (✓)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: Cape Vincent Correctional Facility, 36560 STATE ROUTE 12E,  
P.O. Box 599, Cape Vincent, New York

A. Is there a prisoner grievance procedure in this institution? Yes ( ) No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ( ) No (✓)

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

D. If your answer is NO, explain why not The ~~was~~ violation of the  
plaintiff's civil rights <sup>happened</sup> ~~was~~ at his apartment, not prison

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No ( ) N/A

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff JAMAL MOSELEY

Address Cape Vincent Correctional Facility, 3656 State Route 12E, P.O. Box 549, Cape Vincent, NY  
(Home) 137 BELMONT AVENUE, 15B, BROOKLYN, NY, 11212 13418

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served.  
Plaintiff must provide the address for each defendant named.

Defendant No. 1

DETECTIVE Anselm Lezama, Shield #60  
BROOKLYN ROBBERY SQUAD  
653 GRAND AVENUE, BROOKLYN, NEW YORK 11238

Defendant No. 2

DETECTIVE NATHANIEL RAY, SHIELD No. 2299  
BROOKLYN ROBBERY SQUAD  
653 GRAND AVENUE, BROOKLYN, NEW YORK 11238

Defendant No. 3

DETECTIVE DOUGLAS MONCAYO, SHIELD No. 2086  
BROOKLYN ROBBERY SQUAD  
653 GRAND AVENUE, BROOKLYN, NEW YORK, 11238

Defendant No. 4

Defendant No. 5

## IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

On the day of July 14 2012. Detectives from the Brooklyn Robbery Squad (Lezama Anslem, Nathaniel Ray, and Douglas Moncayo) came to my apartment where Jaqueline Moseley, Gordon Moseley and Myself reside. These officers came in the house without a warrant. They took my brother Gordon to the Police Station. I drove over there to see what happened, why they arrested him. While there, the officers arrested me, took me upstairs and asked me questions. I told the officers I had nothing to say, I don't know anything. The officer then told me I was "lying". The officer told me he'd make a deal with me that if I wrote what he told me to on paper, and signed it he'd let me go. he said "I can make this all stop". I told him no. He said he was going to set my brother Gordon up if I didn't. I told him no. He then told me he was going to say I said everything he's writing. "Who do you think they'll believe the police or you?" and laughed. The officer said, I don't care if you did it or not I have ways of making it look like you did. He then went to threaten Patricia Moseley into an involuntary confession.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Jamal Moseley, Did not receive medical attention after the incident. Jamal has Mental Health Issues and took medication and saw a psychologist growing up.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

Reinstate Appeal Rights.  
Ensure Plaintiff Jamal Moseley, Receives Mental Health attention.

\$15,000 - 20,000 Pain & Suffering, Unlawful Imprisonment, Threatening/Tampering with a witness, Illegal Search & Seizure, Intimidating a witness, falsifying documents, and Mother Jacqueline Moseley (dramatized and depressed seeking Medical attention)

I declare under penalty of perjury that on Nov. 6, 2012, I delivered this  
(Date)  
complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York.

Signed this 6 day of November, 2012. I declare under penalty of perjury that the foregoing is true and correct.

Jamal Moseley  
Signature of Plaintiff

Cape Vincent Correctional Facility  
Name of Prison Facility

36560 State Route 12E,

P.O. Box 599

Cape Vincent, New York, 13618  
Address

12-R-1296

Prisoner ID#